

WEEKLY PROGRESS REPORT

NAME

Supervisor's Signature _____

| LABORATORY TIME | |
|-----------------|--|
| Time Allocation | |
| VACATION | |
| HOLIDAY | |
| SICK | |
| PERSONAL | |
| COMP TIME | |
| LEAVE W/O Pay | |
| COURT | |
| COURT TRAVEL | |
| QA/QC | |

Week Ending

Drug Laboratory

*RUSH cases**

N/A=No Analysis Needed

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| 0 |
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|-----------------------|-------|
| Total time out of lab | 0.00 |
| Total time in lab | 37.50 |
| Total overtime* | 0.00 |

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| In Progress |
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| Cases worked on OT | | | | | |
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| Case# | Type | # |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|---|
| | | | | | | | | | | | | | | | | 0 |